Please type a pli	us sign (+) in:	side this box	OIPE	COPY ORIGIN			
,			NOT D TO SOOT	Appro	wed for use through 10% ark Office; U.S. DEPAR	PTO/SB/81 (02-01) 81/2002. OMB 0651-0035 TMENT OF COMMERCE	
Under the Pa	perwork Red	uction Act of 1995, no persons a	Application Nur	collection of information of informa	tion unless it displays a	TMENT OF COMMERCE valid OMB control number.	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT			Filing Date				
			First Named Inventor		ric McKinlay		
			Group Art Unit			:	
			Examiner Name				
			Attorney Docket Number		0642.00027		
I hereby ap	onoint.	-					
	•	ustomer Number 302	256	9314	Aburbar San Care		
OR							
☐ Practitioner(s) named below:							
		Name		Registratio	n Number 25753	。 [1] 《100 · 100	
						_	
İ	-				, e e e e e e e e e e e e e e e e e e e	A	
		···				┧ .	
						<u></u>	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and							
Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to							
☐ The ab	ove-menti	oned Customer Number.					
OR		7.0					
Practition OR	oners at Cu	stomer Number 30	256	7 7 7 7 7 7	HERECAY TO		
☐ Firm or					PATENT TRADEMARK		
Individua Address	al Name			·			
Address			State		ZiD		
City			State	<u> </u>	ZIP		
Country		<u> </u>					
Telephone			Fax				
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
Certific	ate under						
SIGNATURE of Applicant or Assignee of Record							
Name	Mitchell T. Weisman						
Signature	(slott)						
Date							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
★ Total of forms are submitted							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.